

POST-GOVERNMENT EMPLOYMENT ADVICE OPINION REQUEST

OMB No.
OMB approval expires

The public reporting burden for this collection of information is estimated to average 90 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division, 1155 Defense Pentagon, Washington, DC 20301-1155 (XXX-XXXX). Respondent should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION.

PRIVACY ACT STATEMENT

AUTHORITY: 41 U.S.C. 423; 10 U.S.C. 1701 note; 5 C.F.R. 2635.107, Joint Ethics Regulation.

PRINCIPAL PURPOSE(S): To enable ethics counselors to render ethics advice to military and civilian employees leaving Government service.

ROUTINE USE(S): None.

D R A F T

DISCLOSURE: Voluntary; however, failure to fully disclose information requested may result in receipt of incomplete advice or inability to provide written advice. This may result in a delay in being hired by a Department of Defense contractor or receipt of compensation from such contractor. Failure to comply may also result in the imposition of administrative penalties in accordance with section 27e of the Office of Federal Procurement Policy Act (41 U.S.C. 423(e)).

SECTION I - CONTACT INFORMATION

1. DOD AGENCY YOU WORKED OR ARE WORKING FOR (e.g., US Army, US Navy, etc.)		2.a. FIRST NAME	b. MIDDLE INITIAL	c. LAST NAME
3. ADDRESS				
a. STREET 1		b. STREET 2		
c. CITY	d. STATE	e. ZIP/POSTAL CODE	f. COUNTRY	
4. TELEPHONE NUMBER (Include Area Code)		5. E-MAIL ADDRESS		
6. HOW DO YOU WANT TO RECEIVE YOUR OPINION (X one) <input type="checkbox"/> BY E-MAIL <input type="checkbox"/> BY POSTAL MAIL				

SECTION II - SERVICE INFORMATION

7. EMPLOYEE STATUS AT TIME OF SEPARATION OR TERMINAL/TRANSITION LEAVE <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN	
8. DOD ORGANIZATION	9. DOD SUPERVISOR'S NAME
10. REASON FOR SEPARATION <input type="checkbox"/> RETIREMENT <input type="checkbox"/> RESIGNATION <input type="checkbox"/> OTHER (Specify)	
11. SEPARATION/RETIREMENT DATE (MM/DD/YYYY)	12. TERMINAL/TRANSITION LEAVE DATE (MM/DD/YYYY)
13. DO YOU PLAN TO WORK WHILE ON TERMINAL/TRANSITION LEAVE? <input type="checkbox"/> NO <input type="checkbox"/> YES	14. FOR CIVILIAN EMPLOYEES: DID YOU RETIRE FROM THE U.S. ARMED FORCES? <input type="checkbox"/> NO <input type="checkbox"/> YES

SECTION III - PRIOR ETHICS INFORMATION

15. PRIOR ETHICS ADVICE		
a. HAVE YOU RECEIVED ANY ETHICS ADVICE OR OPINION FROM ANOTHER GOVERNMENT ETHICS COUNSELOR CONCERNING YOUR PROSPECTIVE EMPLOYMENT? <input type="checkbox"/> NO PRIOR ADVICE RECEIVED <input type="checkbox"/> YES, PRIOR ADVICE RECEIVED (Complete b.)		
b. (1) ETHICS COUNSELOR'S NAME	(2) OFFICE	(3) TELEPHONE NUMBER
16. FINANCIAL DISCLOSURE		
a. IN THE LAST 2 YEARS, HAVE YOU FILED A FINANCIAL DISCLOSURE REPORT? <input type="checkbox"/> NO <input type="checkbox"/> YES, OGE FORM 450 <input type="checkbox"/> YES, SF 278 (If you file a SF 278, you must file a termination report no later than 30 days after separation.)		
b. IF YES, POSITIONS FOR WHICH YOU FILED		

SECTION III - PRIOR ETHICS INFORMATION *(Continued)*

17. CONFLICT OF INTEREST

a. IN THE LAST 2 YEARS, HAVE YOU TAKEN ANY ACTION TO RESOLVE A POTENTIAL CONFLICT OF INTEREST, INCLUDING ISSUING A WRITTEN DISQUALIFICATION, CHANGING JOBS, HAD YOUR DUTIES CHANGED, OR TAKEN ANY OTHER ACTION TO RESOLVE A POTENTIAL CONFLICT OF INTEREST? NO YES

b. IF YES, PROVIDE DETAILS:

D R A F T

18. ETHICS PLEDGE

a. HAVE YOU SIGNED THE ETHICS PLEDGE? NO YES

b. IF YES, HAVE YOU RECEIVED A WAIVER OF THE RESTRICTIONS THAT APPLY UPON LEAVING THE GOVERNMENT?

NO YES

c. IF YES, EXPLAIN THE EXTENT OF THE WAIVER:

d. IF NO, DO YOU ANTICIPATE WORK AS A LOBBYIST?

NO YES

19. LICENSED ATTORNEY: PLEASE INDICATE IF YOU ARE A LICENSED ATTORNEY, EVEN IF YOU ARE NOT EMPLOYED AS AN ATTORNEY BY DOD.

NO, I AM NOT A LICENSED ATTORNEY YES, I AM A LICENSED ATTORNEY

SECTION IV - DOD POSITION INFORMATION

20. POSITIONS HELD AND MAJOR DUTIES: IN WHAT AGENCIES OR ORGANIZATIONS HAVE YOU SERVED DURING YOUR LAST 2 YEARS OF DEPARTMENT OF DEFENSE SERVICE? *(Provide dates (month and year). For each position, describe your job or briefly describe your major duties during the last 2 years, focusing on duties relating to defense contracts, any aspect of the acquisition process, such as requirements development, acting as program manager, deputy program manager or contracting officer, or otherwise involved in the contracting process. Identify names of projects, program, contractors and subcontractors.)*

a. CURRENT/MOST RECENT POSITION

(1) ORGANIZATION OR AGENCY	(2) JOB TITLE
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(3) DESCRIPTION

b. PRIOR POSITION 1

(1) ORGANIZATION OR AGENCY	(2) JOB TITLE
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(3) DESCRIPTION

c. PRIOR POSITION 2

(1) ORGANIZATION OR AGENCY	(2) JOB TITLE
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(3) DESCRIPTION

SECTION IV - DOD POSITION INFORMATION *(Continued)*

20. POSITIONS HELD AND MAJOR DUTIES *(Continued)*

d. PRIOR POSITION 3

(1) ORGANIZATION OR AGENCY	(2) JOB TITLE
(3) DESCRIPTION	

e. PRIOR POSITION 4

(1) ORGANIZATION OR AGENCY	(2) JOB TITLE
<h1 style="margin: 0;">D R A F T</h1>	

21. WITHIN THE LAST TWO YEARS, HAVE YOU SERVED IN ANY OF THE FOLLOWING POSITIONS OR PERSONALLY TAKEN ONE OF THE FOLLOWING ACTIONS REGARDING AN ACQUISITION OR CONTRACT IN EXCESS OF \$10 MILLION?

a. CONTRACTING OFFICER OR SOURCE SELECTION AUTHORITY?

NO YES

b. A MEMBER OF A SOURCE SELECTION EVALUATION BOARD, OR A CHIEF OF A FINANCIAL OR TECHNICAL EVALUATION TEAM?

NO YES *(If Yes, summarize your duties/responsibilities:)*

c. PROGRAM MANAGER, DEPUTY PROGRAM MANAGER, OR ADMINISTRATIVE CONTRACTING OFFICER?

NO YES *(If Yes, summarize your duties/responsibilities:)*

d. APPROVAL OF A CONTRACT, SUBCONTRACT, MODIFICATION, TASK ORDER OR DELIVERY ORDER, OR PAYMENT OF A CONTRACT CLAIM?

NO YES

e. ESTABLISHING OVERHEAD OR OTHER RATES?

NO YES

f. APPROVAL OF A CONTRACT PAYMENT?

NO YES

g. IF YOU ANSWERED "YES" TO ANY OF THESE QUESTIONS, IDENTIFY THE CONTRACT(S) IN WHICH YOU PERFORMED THAT FUNCTION
(List contract number(s), title(s) and date(s) of last action)

22.a. DO YOU HOLD A POSITION IN THE EXECUTIVE SERVICE, SENIOR EXECUTIVE SERVICE OR A GENERAL OR FLAG POSITION *(Grade O7 and above - not frocked)?*

NO YES

b. DID YOU PARTICIPATE IN AN ACQUISITION WITH A VALUE IN EXCESS OF \$10 MILLION?

NO YES

SECTION V - PROSPECTIVE EMPLOYER INFORMATION

23. POSITIONS SOUGHT: WITH WHOM ARE YOU SEEKING EMPLOYMENT?

24. ACTIONS TAKEN: WHAT ACTIONS HAVE YOU TAKEN CONCERNING YOUR FUTURE EMPLOYMENT?

25. FUTURE JOB TITLE

a. JOB TITLE

b. JOB DESCRIPTION *(Include information on how this may relate to your Government duties.)*

D R A F T

26. START DATE: WHEN DO YOU PLAN TO START YOUR NEW EMPLOYMENT? (MM/DD/YYYY)

27. ADDITIONAL COMMENTS

28. PRINTED FULL NAME

29. SIGNATURE

30. DATE SIGNED

INSTRUCTIONS FOR COMPLETING DD FORM X586

Please answer all questions as appropriate. Then print your full name, sign and date the form.

SECTION I - CONTACT INFORMATION.

1. Please provide the Department of Defense Agency of your last assignment. (Example: US Army, US Air Force, Defense Intelligence Agency.) Do not abbreviate.
2. Enter your first name, middle initial and last name.
3. Enter your complete home address, including country if this address is outside the United States.
4. Provide a current telephone number to include the area code or country code if appropriate. Provide an alternate current telephone number to include the area code or country code if appropriate in the remarks section if you are in transition.
5. Provide a current valid e-mail address. Provide an alternate current e-mail address in the remarks section if you are in transition.
6. Contact preference. Mark (X) e-mail or postal mail to indicate your preference on how to provide the written opinion to you.

SECTION II - SERVICE INFORMATION.

7. Employee Status. X Military or Civilian.
8. Provide the name of the last organization you were assigned to as a member of DoD. Do not abbreviate.
9. Provide the name of your immediate supervisor of your last position in DoD.
10. Reason for Separation. X one. Mark Retirement if you retired or are retiring from DoD. Mark Resignation if you resigned or are resigning from DoD. Mark Other if neither retirement nor resignation applies.
11. Separation/Retirement Date. Enter date in MM/DD/YYYY format.
12. Terminal/Transition Leave Date. Enter date in MM/DD/YYYY format.
13. Do you plan to work while on terminal/transition leave? X one.
14. U.S. Armed Forces retirement. X one. If your employee status is a civilian and you previously retired from the U.S. Armed Forces before becoming a civilian employee of DoD, X Yes. X No if you are a civilian employee who did not previously retire from the U.S. Armed Forces.

SECTION III - PRIOR ETHICS INFORMATION.

15. Prior Ethics Advice. X one. Mark Yes if you received any ethics advice (oral or written) from an attorney concerning employment with a civilian company. If so, provide the name, office or organization and telephone number of the attorney. Mark No if you did not receive any prior ethics advice concerning employment by a civilian company.
16. Financial Disclosure. X one. Mark No if you have not filed an OGE Form 450 or SF 278 report within the last two years. Mark Yes if you have filed either an OGE 450 or SF 278 financial disclosure report within the last two years. If either the OGE or SF 278 is selected, provide the position title you were assigned to when you filed the report.

17. Conflict of Interest. X one. If within the last 2 years, you have taken any action to resolve a potential conflict of interest, including issuing a written disqualification, changing jobs, had your duties changed, or taken any other action to resolve a potential conflict of interest, mark Yes. Provide a summary of the actions you took to resolve the conflict of interest. If you have not taken any action to resolve a potential conflict of interest, mark No.

18. Ethics Pledge. X one. Mark Yes if you signed an Ethics Pledge. Mark No if you did not sign an Ethics Pledge. If Yes, did you receive any waivers of the restrictions that may apply to you when departing DoD service? X one. If you signed an Ethics Pledge and received a waiver concerning employment restrictions upon leaving DoD service, provide a summary of the waiver notification.

19. Licensed Attorney. X one. Self explanatory.

SECTION IV - DoD POSITION INFORMATION.

20. Positions Held and Major Duties. Self explanatory.
21. Duties and Actions if Involved in a Contract in Excess of \$10 Million.
 - a. X one. Self explanatory.
 - b. X one. If Yes, provide a summary of your duties and responsibilities if you served as a member of a Source Selection Evaluation Board, or as a Chief of a Financial or Technical Evaluation Team.
 - c. X one. If Yes, provide a summary of your duties and responsibilities if you served as a Program Manager, Deputy Program Manager, or Administrative Contracting Officer.
 - d. X one. Self explanatory.
 - e. X one. Self explanatory.
 - f. X one. Self explanatory.
 - g. If Yes was answered to any of questions 21.a. - f., provide the contract number(s), contract title(s), and date(s) you last acted on those contracts.
22. Senior Executive Service, General or Flag Officer Position. X one. Self explanatory.

SECTION V - PROSPECTIVE EMPLOYER INFORMATION.

23. Position Sought. Provide the name of the civilian company with which you are seeking employment. Do not abbreviate.
24. Actions Taken. Summarize the actions you have taken regarding your efforts to become employed with this company for a specific position. Actions include submitting a resume, being interviewed, negotiating compensation, etc.
25. Future Job Title. Provide the specific position/job title in which you anticipate being employed. Provide specific duties and responsibilities of the position. Include information on how this may relate to your Government duties.
26. Start Date. Enter date in MM/DD/YYYY format.
27. Additional Comments. Provide any additional information about your pending employment with a civilian employer that you want your ethics attorney to know.
28. - 30. Name, Signature and Date. Self explanatory.